

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000024302

1. Entity Name
TILE CRAFT, INC.



Principal Place of Business
**1611 NW 55 PL
SUITE A
GAINESVILLE, FL 32653**

Mailing Address
**1336 NW 34 ROAD
GAINESVILLE, FL 32605**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3499116

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SUMMERALL, JIMMIE L
1336 NW 34 ROAD
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUMMERALL, JIMMIE L
STREET ADDRESS	1336 NW 34 ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VS
NAME	CHITTUM, VERONA
STREET ADDRESS	681 SW MAPLETON ST.
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	S
NAME	RUNYON, DARLENE
STREET ADDRESS	3909 NW 177TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	T
NAME	RUNYON, DARLENE
STREET ADDRESS	3909 NW 177TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/08-80038-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J Summerall Pres. (Jimmie L Summerall) 1-5-08 352-376-7870